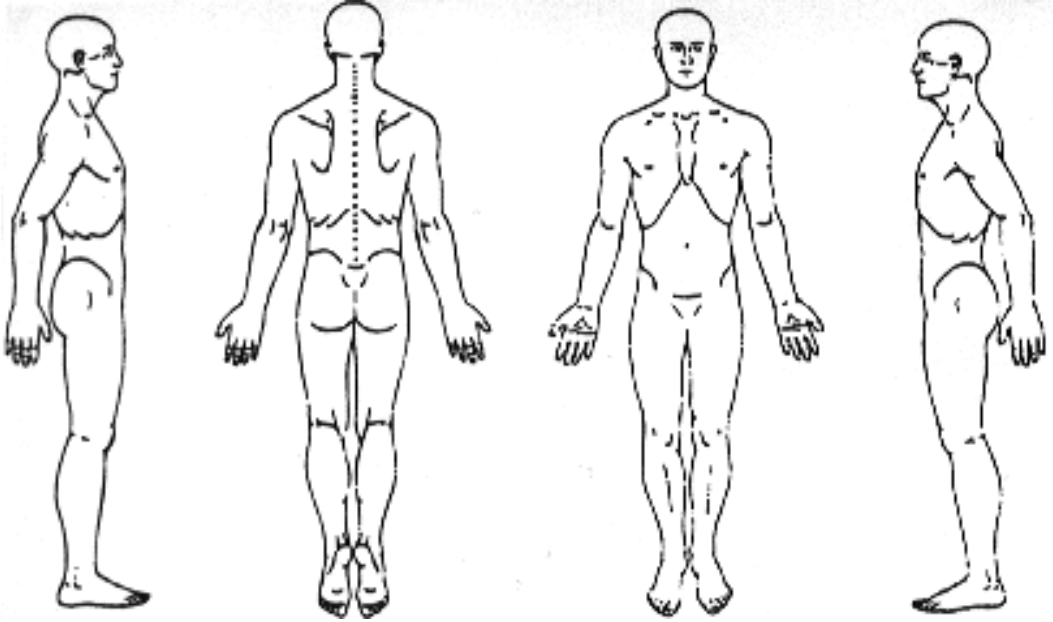


REGISTERED MASSAGE THERAPY CLIENT INTAKE FORM



Mark any key areas of pain/discomfort in the diagram above

Are you **PRESENTLY** experiencing any of the following conditions?

- | | | |
|---|---|---|
| <input type="checkbox"/> AIDS/HIV positive | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Muscle |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Poor circulation | <input type="checkbox"/> Spasms/tension |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Numbness/tingling | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Sprains |
| <input type="checkbox"/> Swollen feet or legs | <input type="checkbox"/> Headaches | <input type="checkbox"/> Strains |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Migraines | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neck pain |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Skin problems | <input type="checkbox"/> Flu or Cold |
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Digestive problems | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Constipation | For women only: |
| <input type="checkbox"/> Sciatica | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Menstrual cramps |
| <input type="checkbox"/> Disc problems | | <input type="checkbox"/> Pregnancy |

I understand that massage is given here for the purpose of stress reduction; relief from muscular tension, spasm, or pain; or for increasing circulation or energy flow.

I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceutical, nor do they perform spinal manipulations. It has been made clear to me that massage is not a substitute for medical examination or diagnoses and that it is recommended that I see a physician for any physical ailment I might have.

Since massage therapy is contraindicated under certain conditions, I affirm that I have stated all my known medical conditions to the best of my knowledge and take it upon myself to keep the massage therapist updated on my physical health.

I agree that email correspondence may occur with Endurance on 8th Health Centre and will hold Endurance on 8th Health Centre free of all liability for any actions/results/adverse situations created as a result of such correspondence.

Signature

Date